

Figure - 1

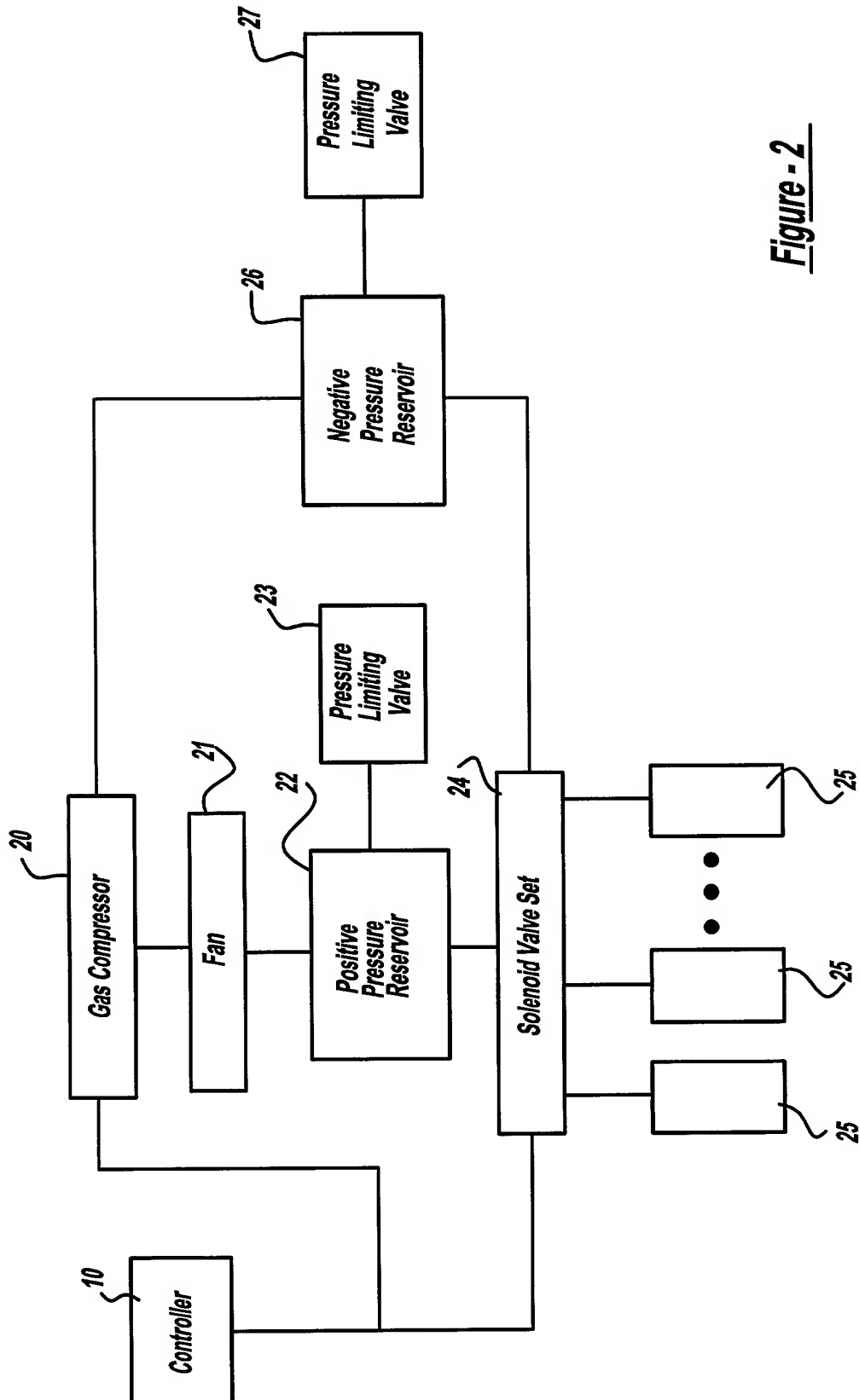
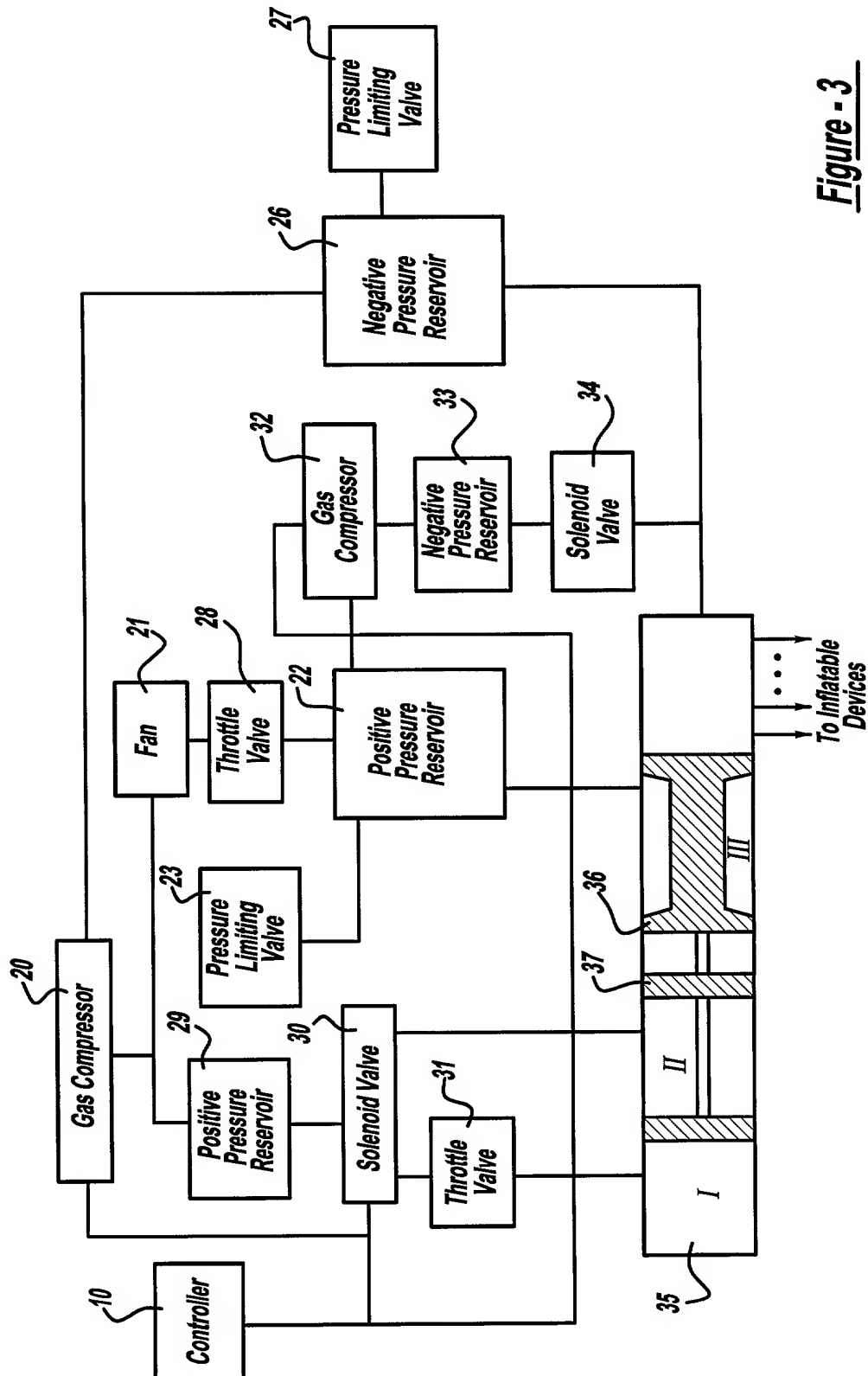


Figure - 2



4/26

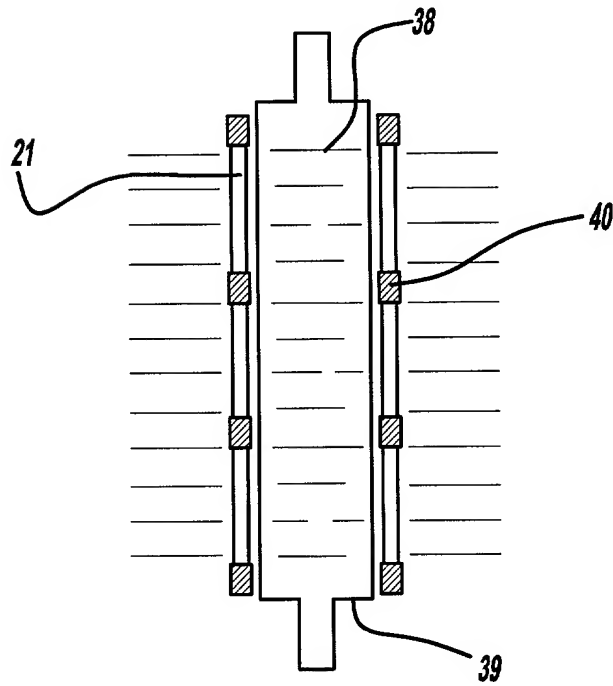


Figure - 4A

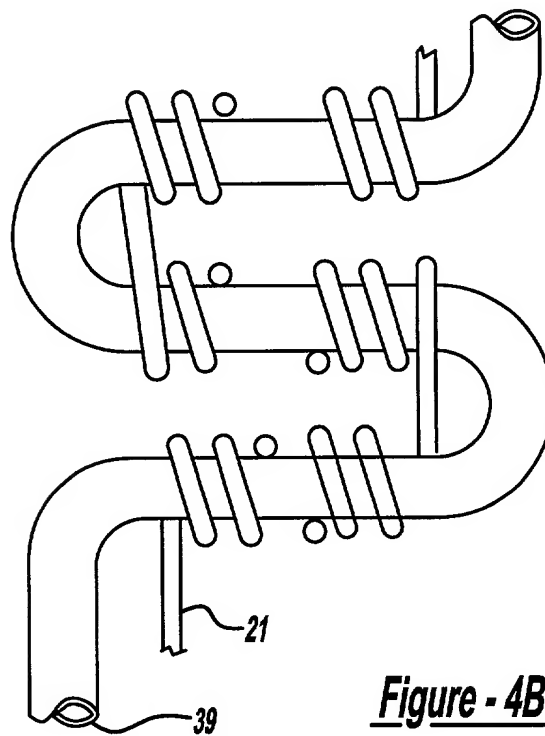


Figure - 4B

Title: HIGH EFFICIENCY EXTERNAL COUNTERPULSATION
APPARATUS AND METHOD FOR CONTROLLING SAME

Inventor: JOHN C. K. HUI

Atty. Ref. No.: 4857-000001/CPF

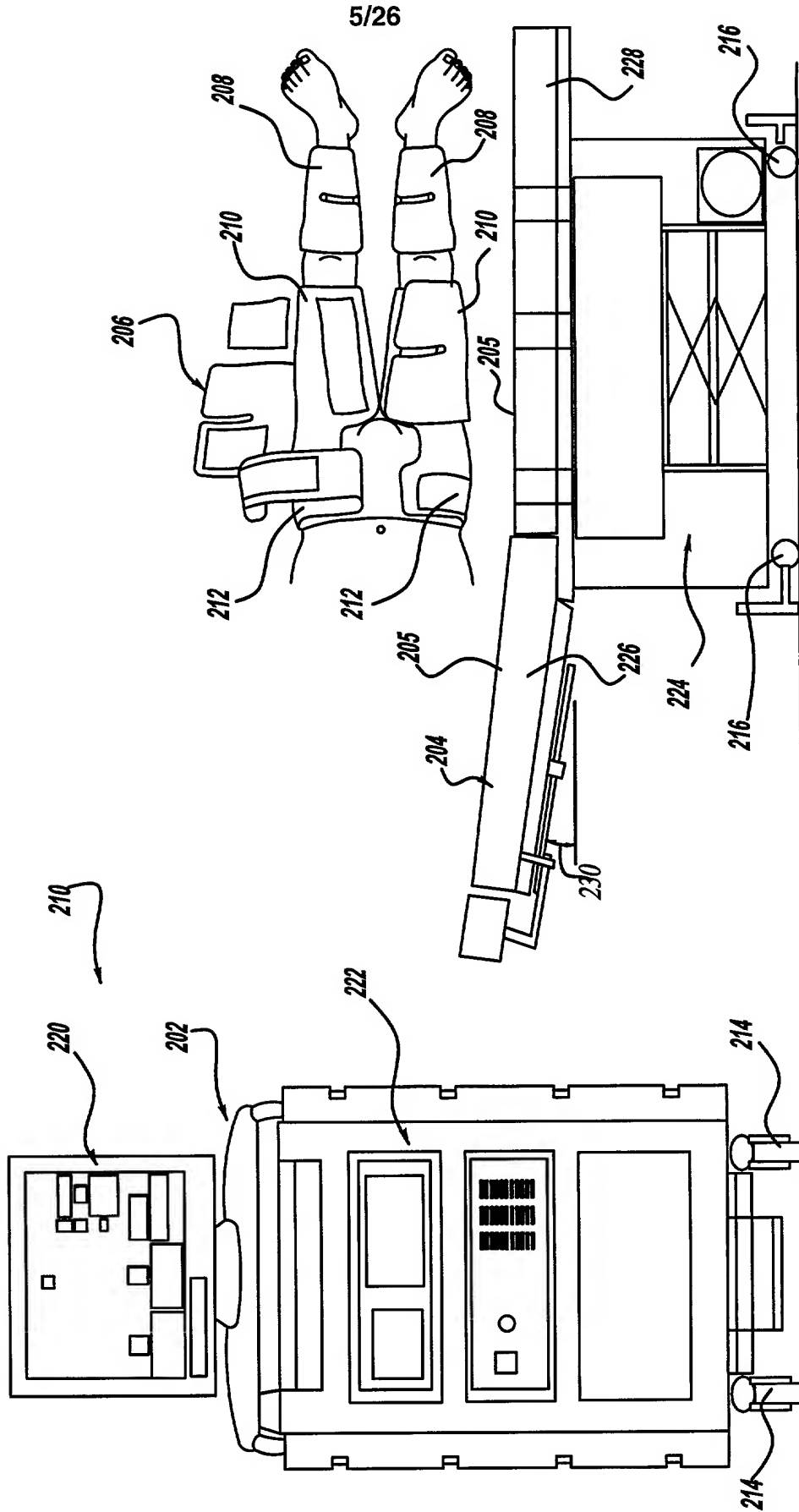
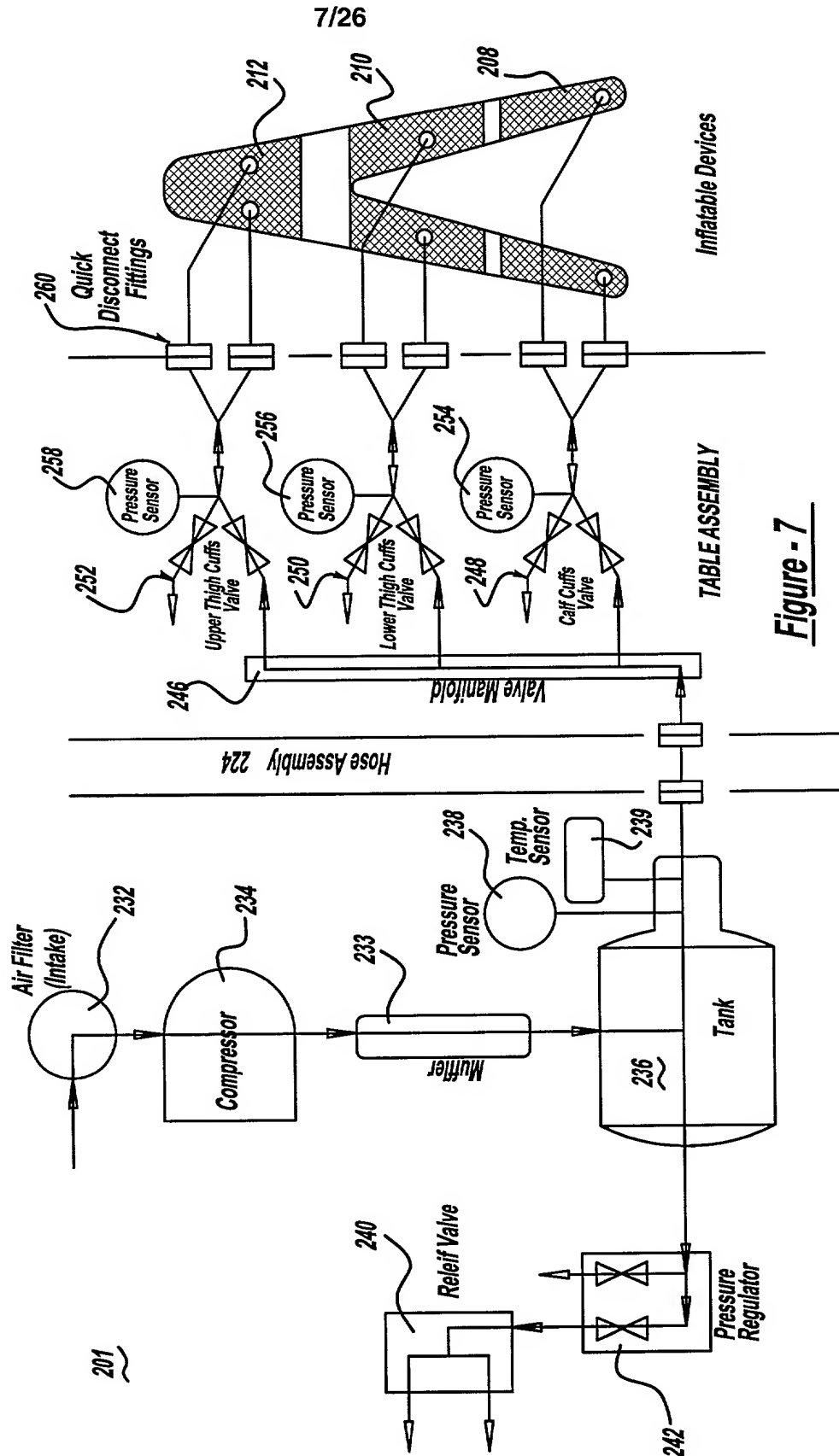


Figure - 5





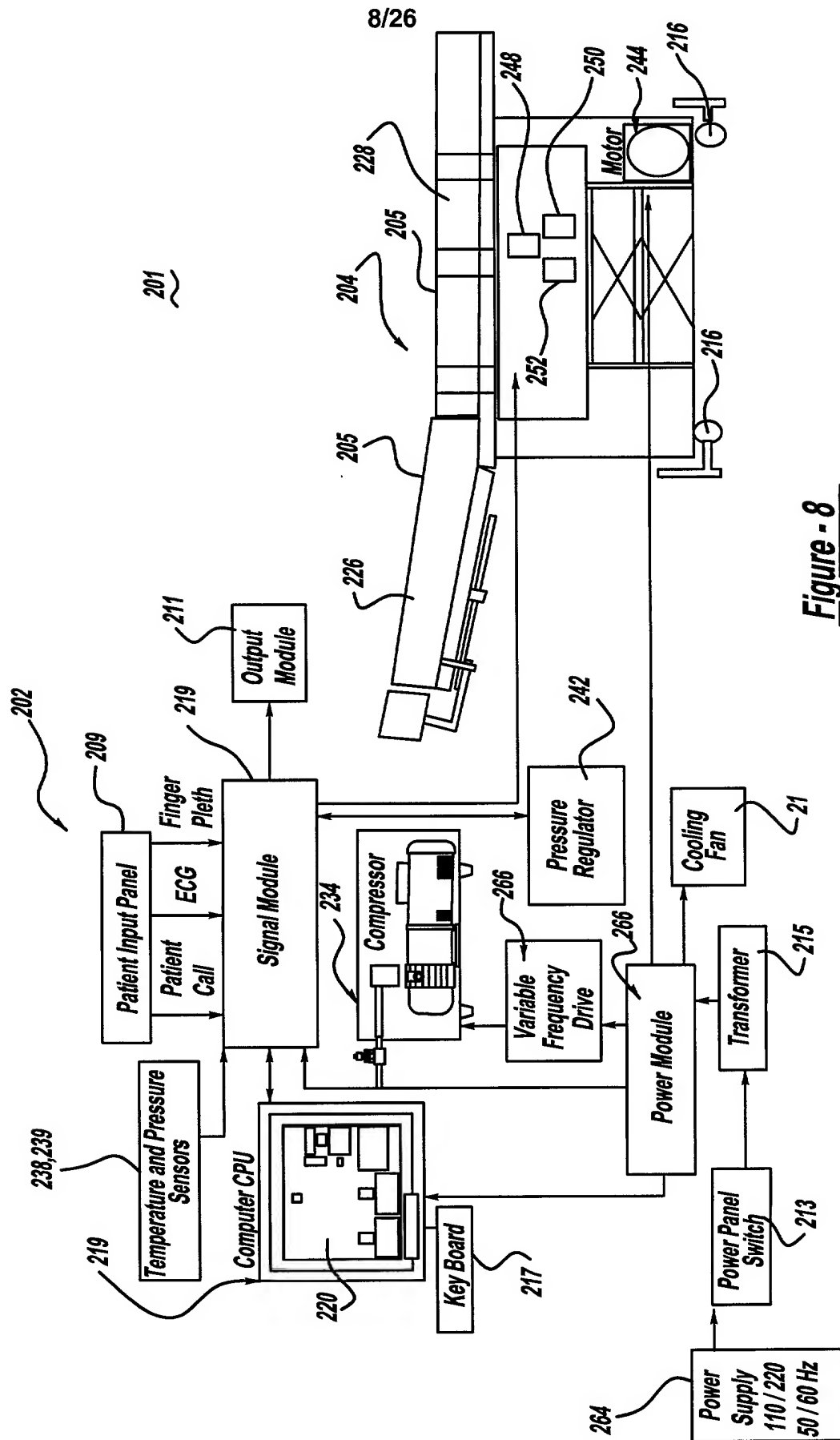


Figure - 8

9/26

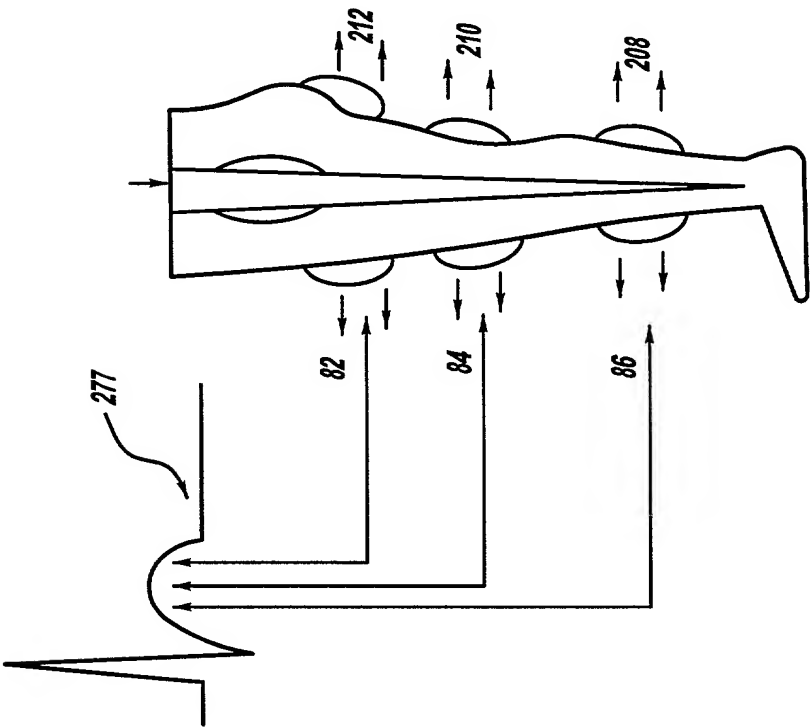


Figure - 9A

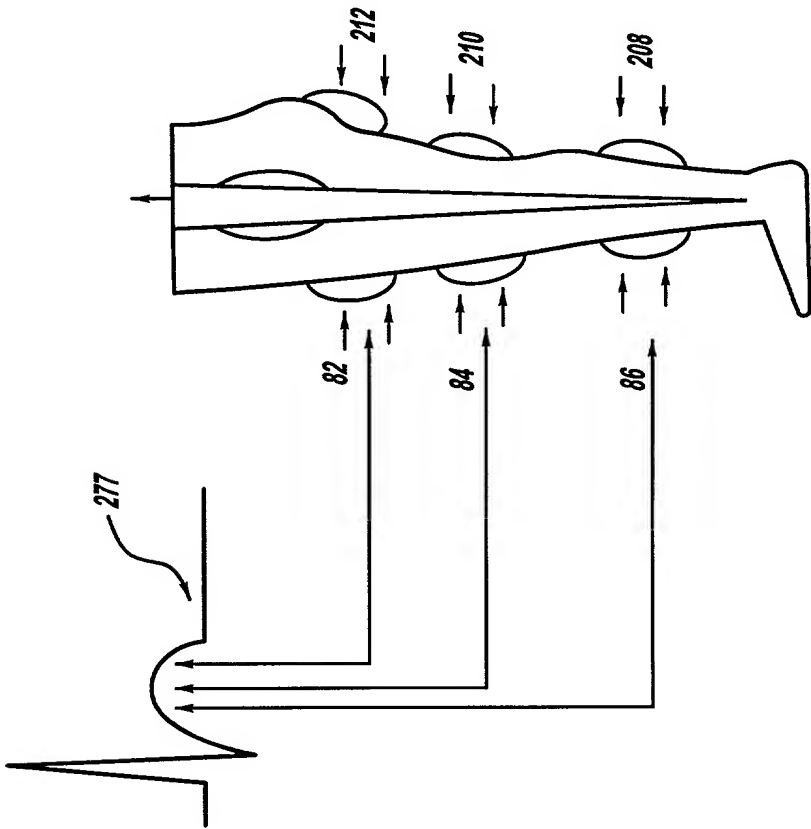


Figure - 9B

10/26

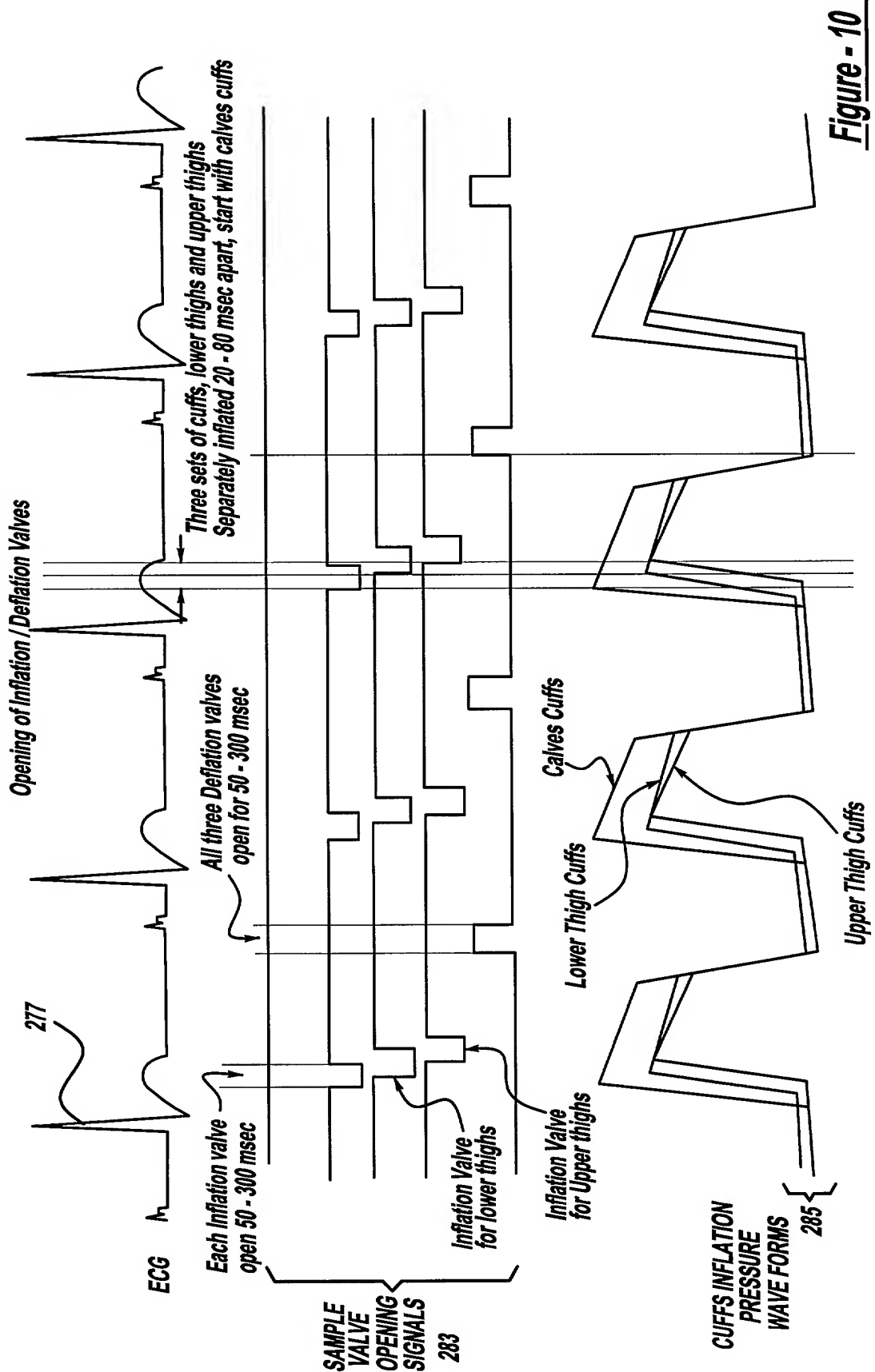
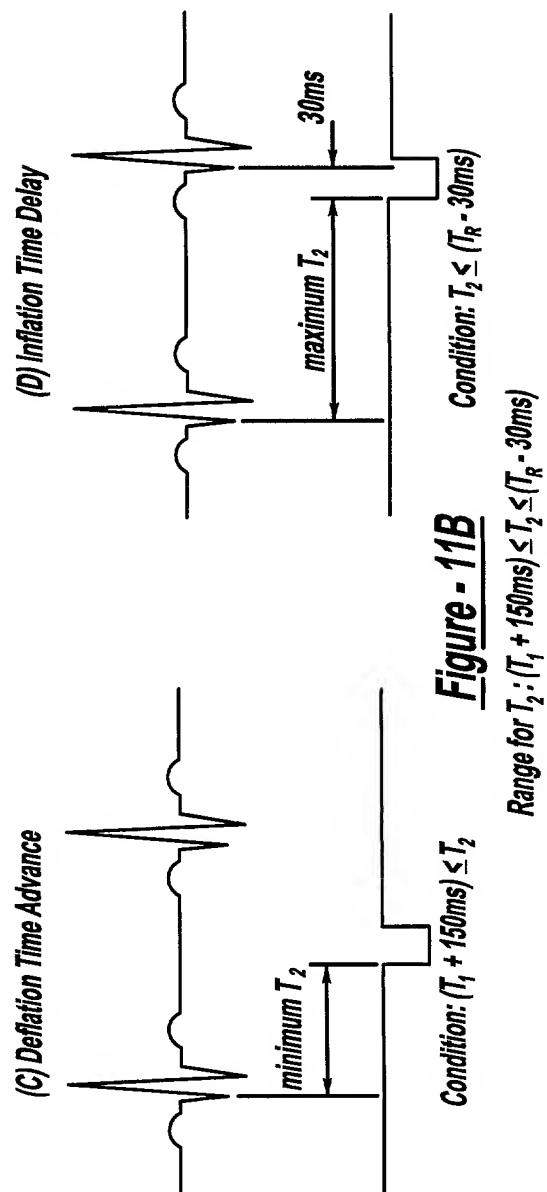
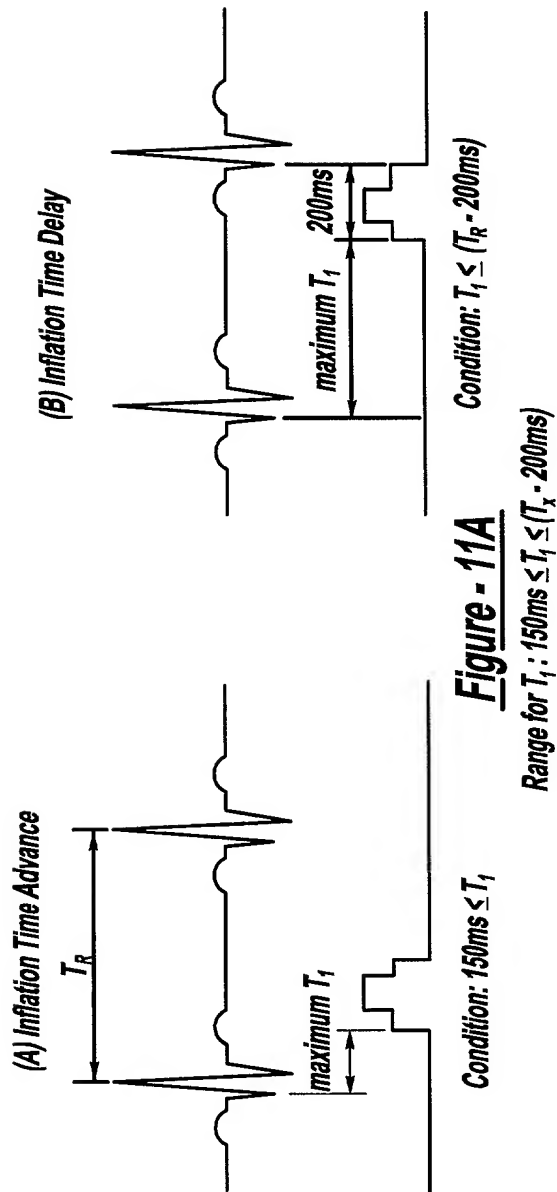


Figure - 10



12/26

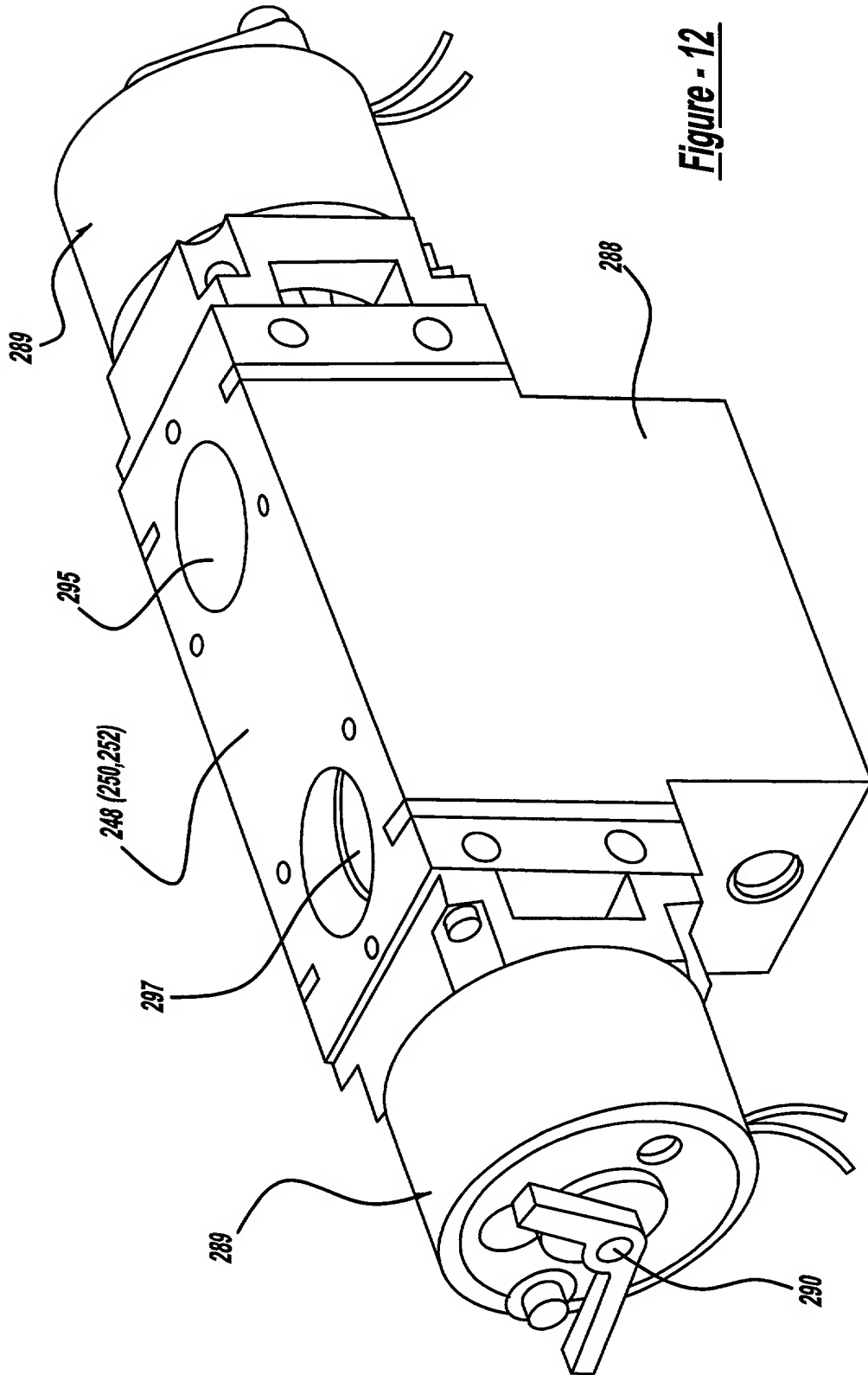


Figure - 12

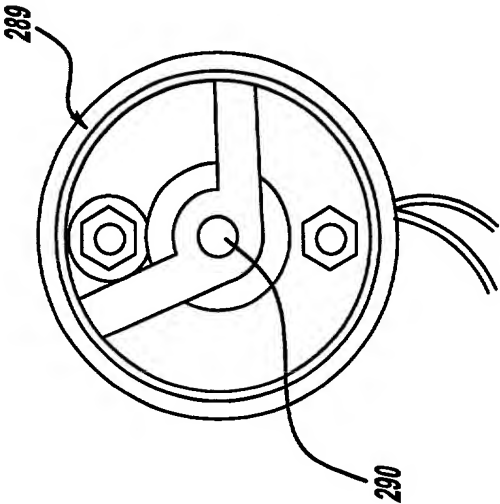


Figure - 15

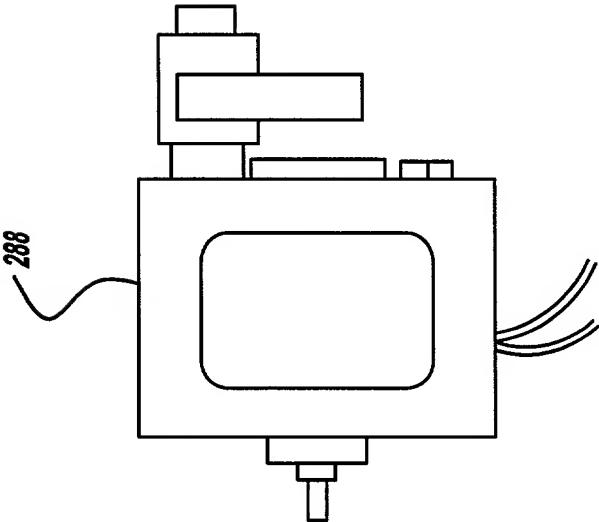


Figure - 13

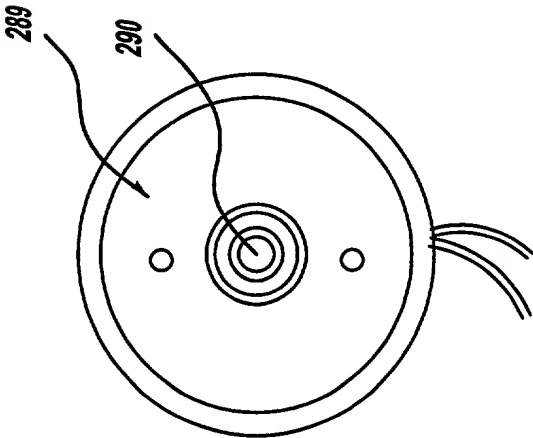


Figure - 14

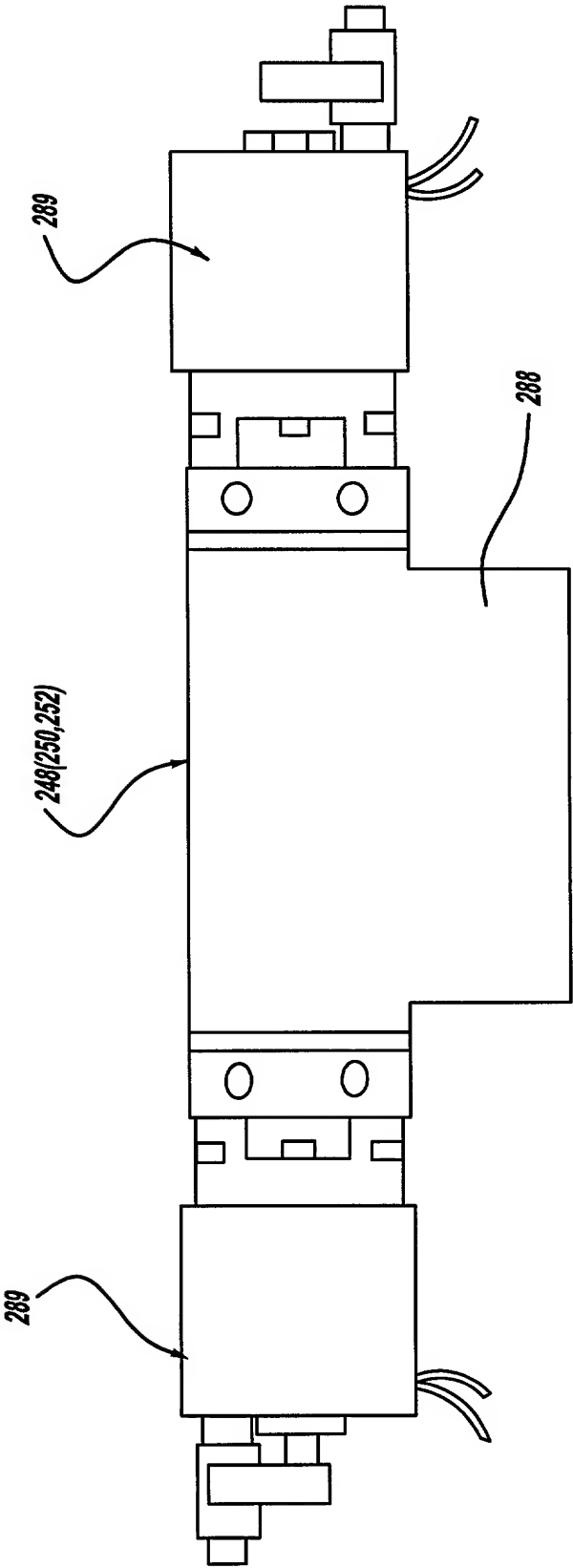
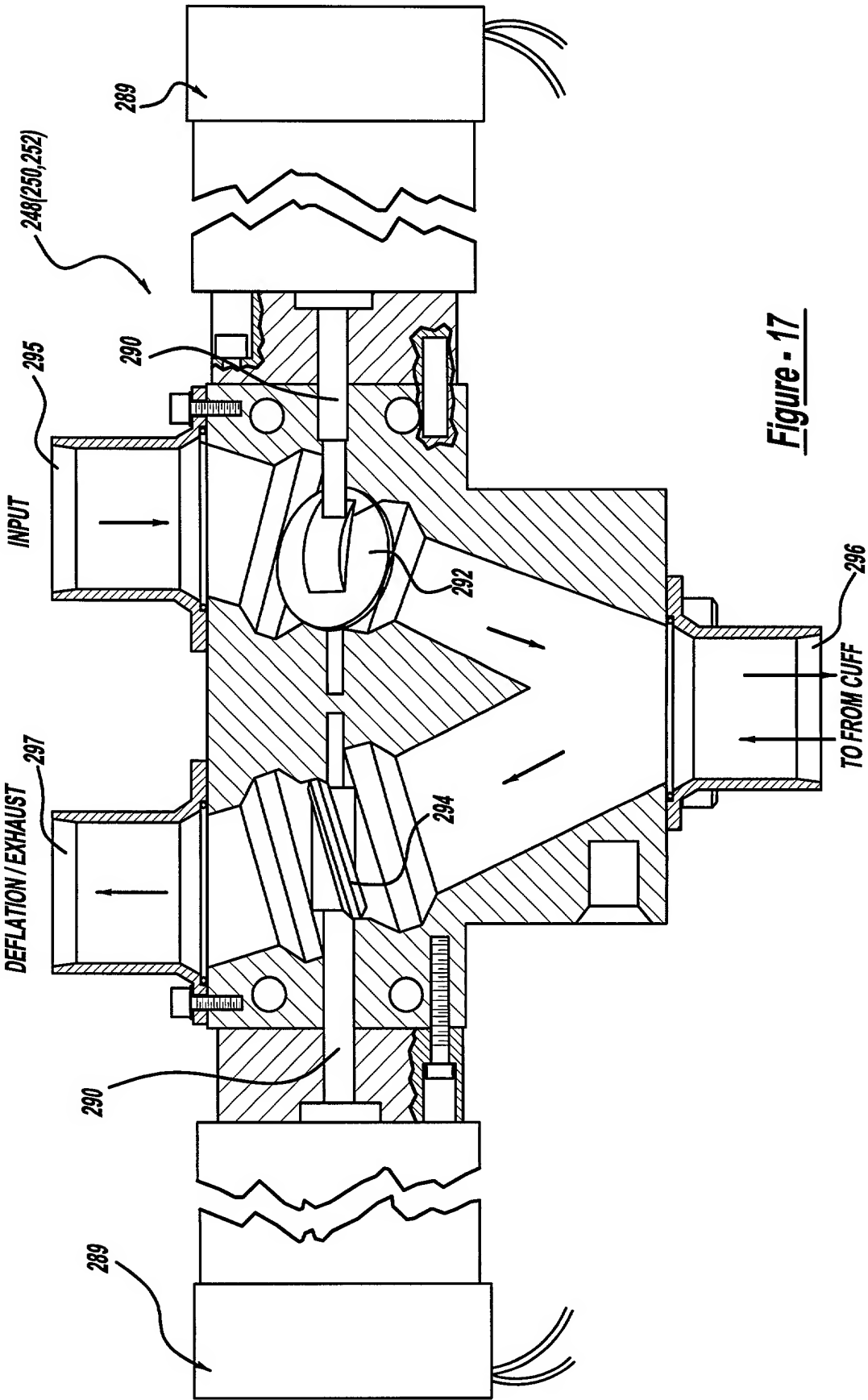


Figure - 16

15/26



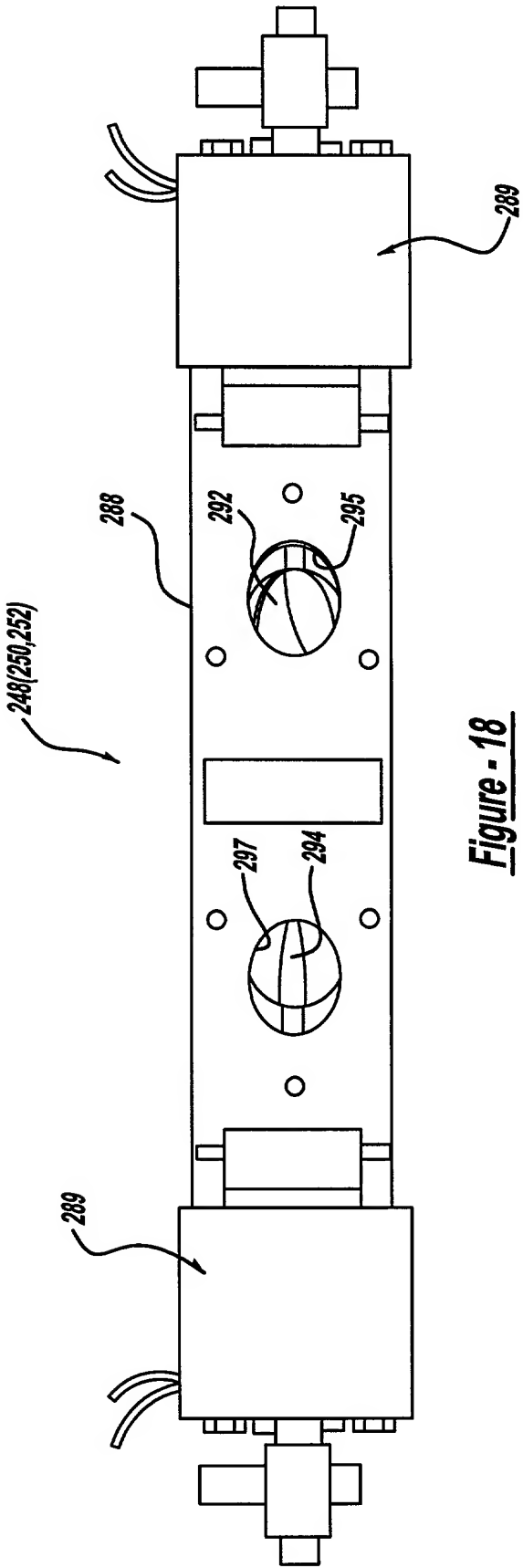


Figure - 18

Figure - 19

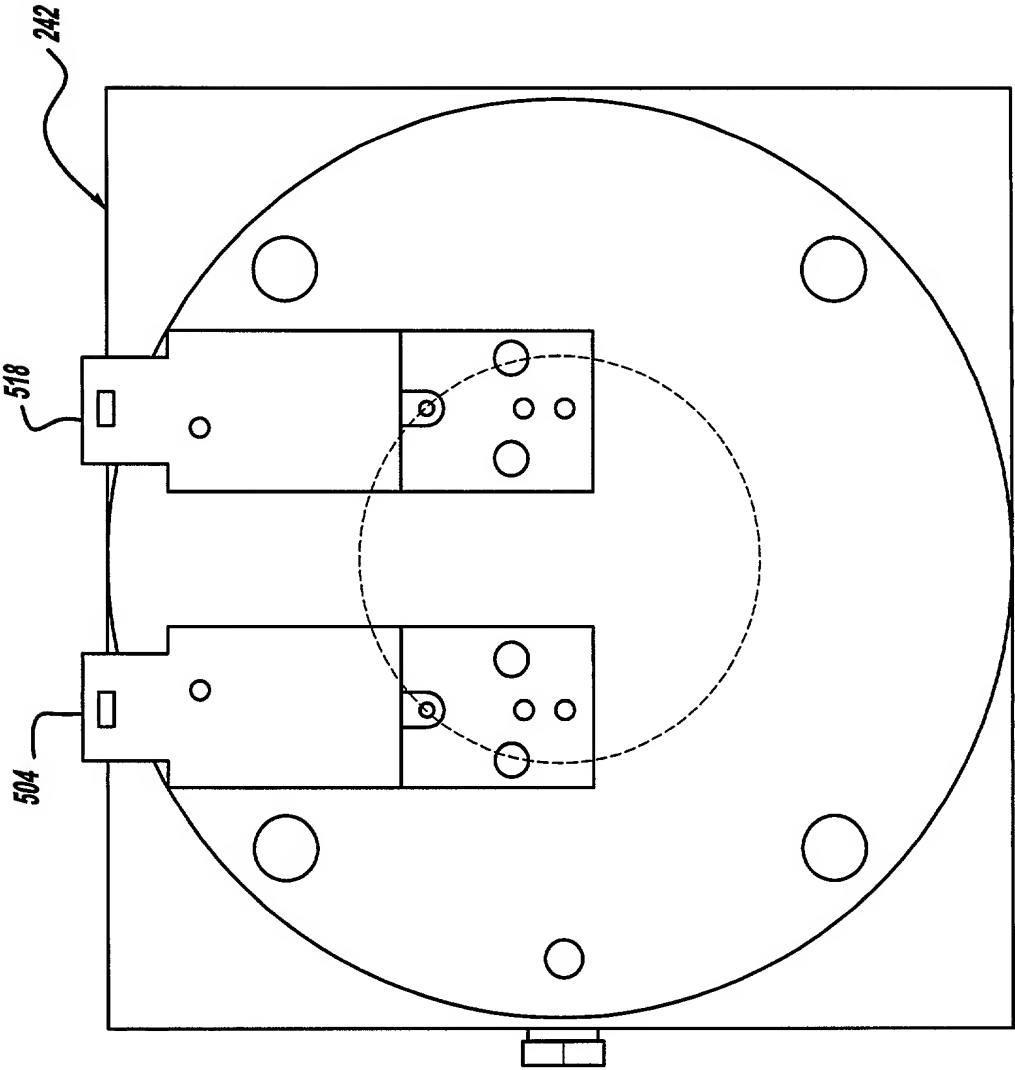


Figure - 20

Figure - 21

20/26

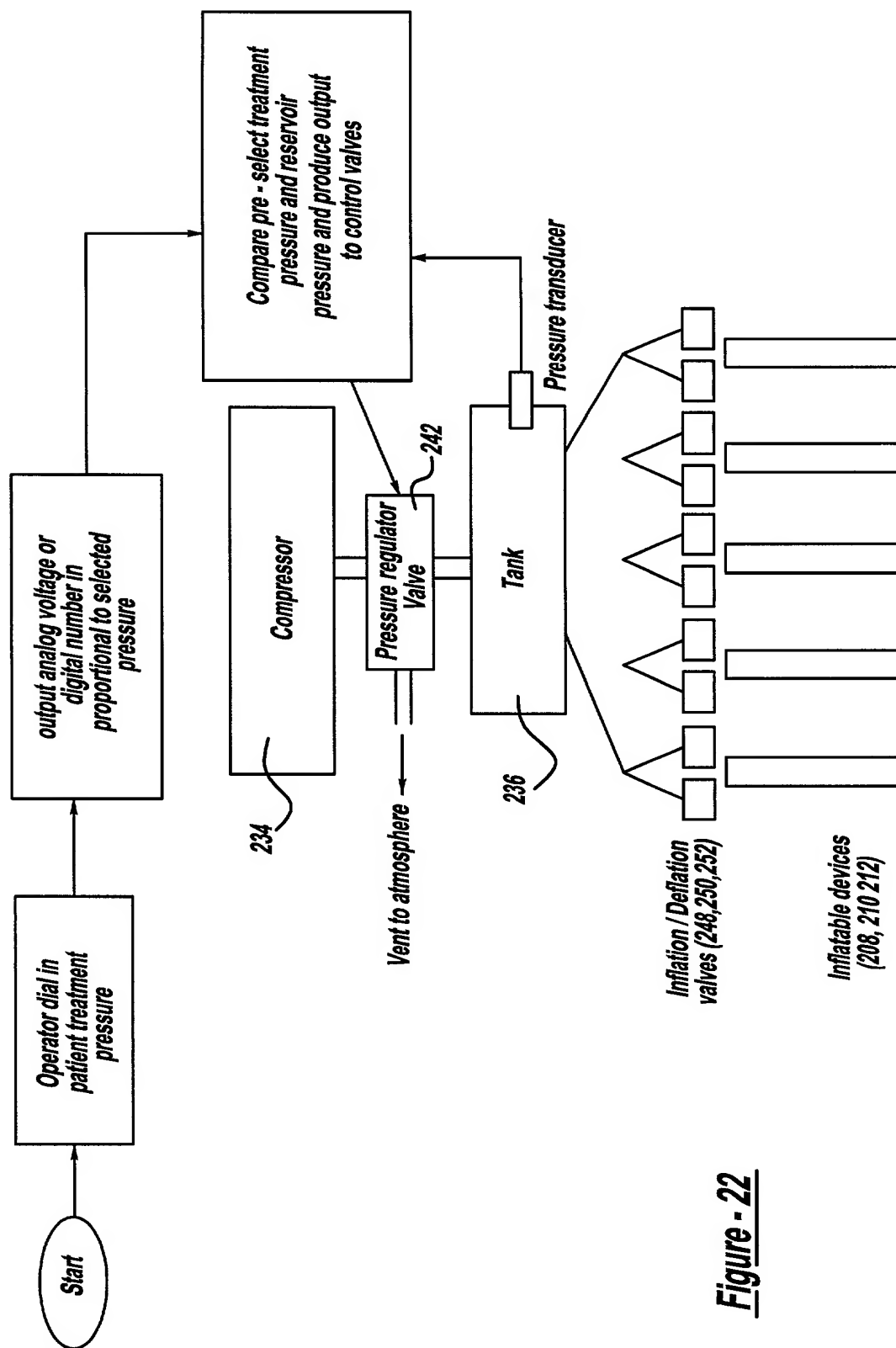


Figure - 22

21/26

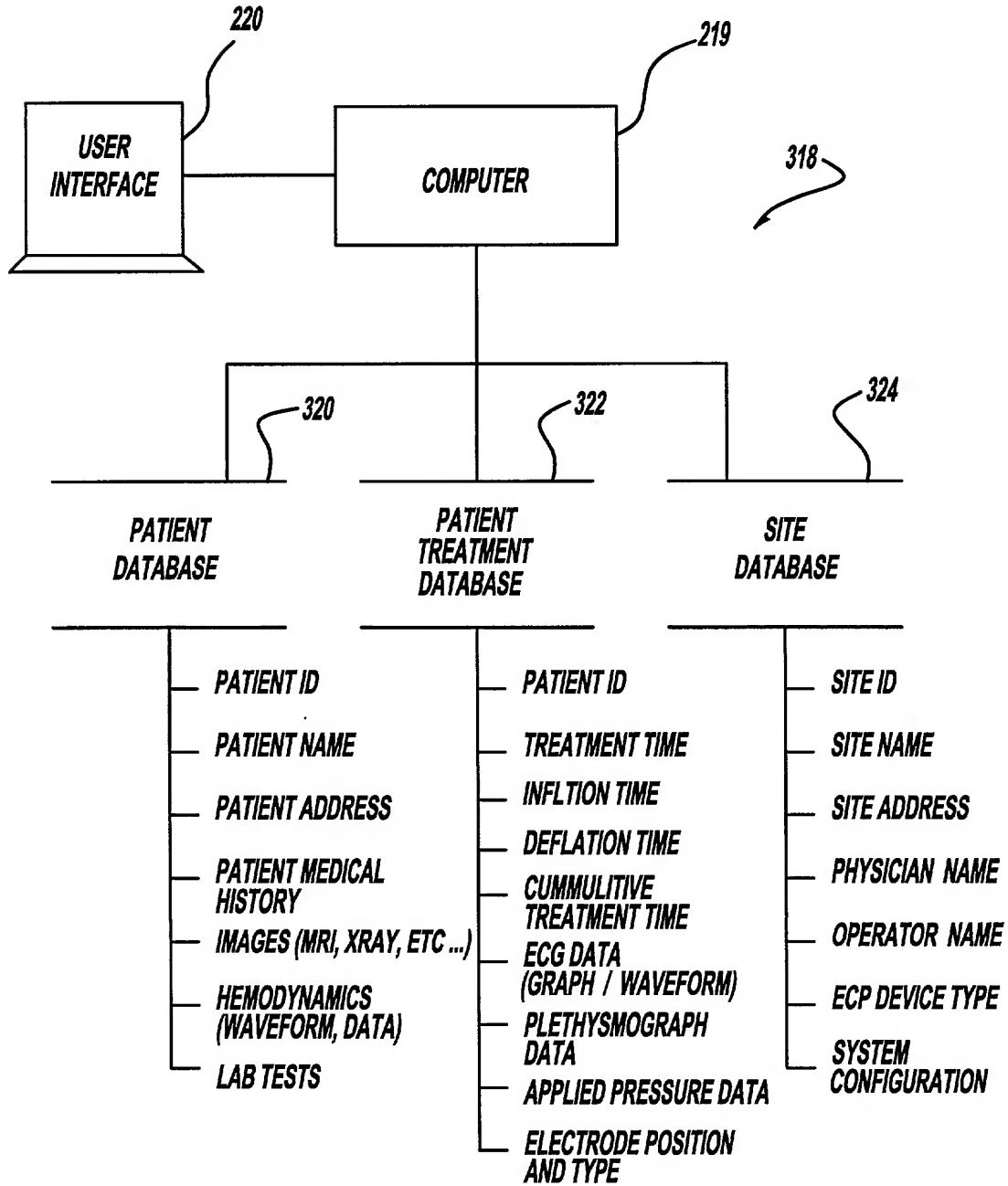


Figure - 23

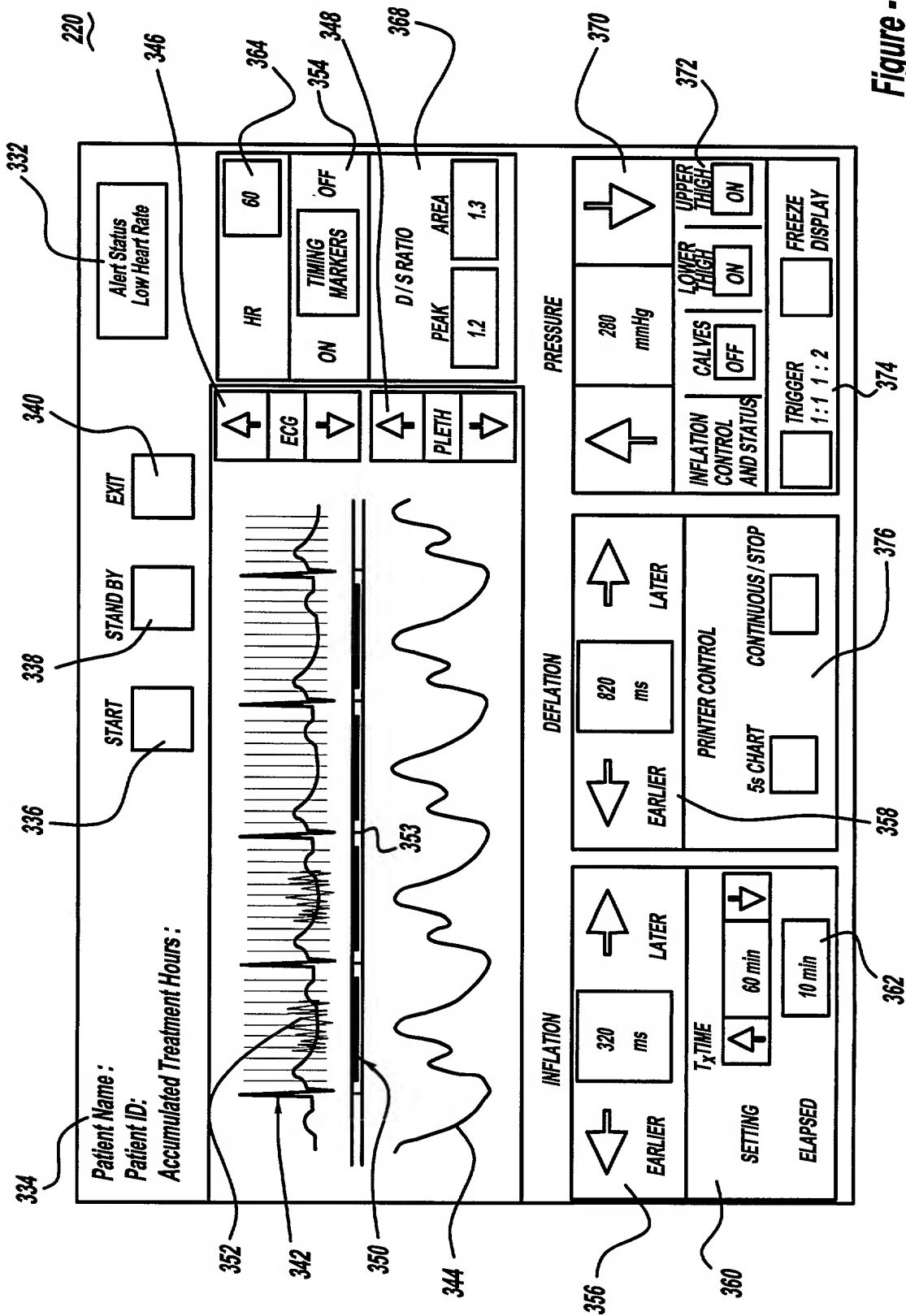


Figure - 24

23/26

326

**WELCOME TO VASOMEDICAL, INC.
ENHANCED EXTERNAL COUNTERPULSATION
THERAPY SYSTEM MODEL TS3**

SELF TEST PASSED

a **PATIENT INFORMATION**

SITE INFORMATION b

b **SYSTEM DIAGNOSTICS**

EECP TREATMENT c

Figure - 25

328

NEW PATIENT INFORMATION

CLINICAL SITE NAME : _ FIRST: MI:

ADDRESS LINE 1:

ADDRESS LINE 2:

CITY:

STATE (ABBREVIATION) : ZIP/POSTAL CODE :

PHONE NUMBER :

PATIENT ID: SEX (M = MALE F = FEMALE):

DATE OF BIRTH - MONTH : DAY: YEAR:

COMMENTS:

F1 - SAVE & EXIT

F2 - ABORT

Figure - 26

24/26

330

ENTER SITE INFORMATION

CLINICAL SITE NAME : _____

ADDRESS LINE 1:

ADDRESS LINE 2:

CITY:

STATE (ABBREVIATION): **ZIP/POSTAL CODE:**

PHONE NUMBER :

FAX NUMBER :

PHYSICIAN IN CHARGE :

F1 - SAVE & EXIT

F2 - ABORT

Figure - 27

25/26

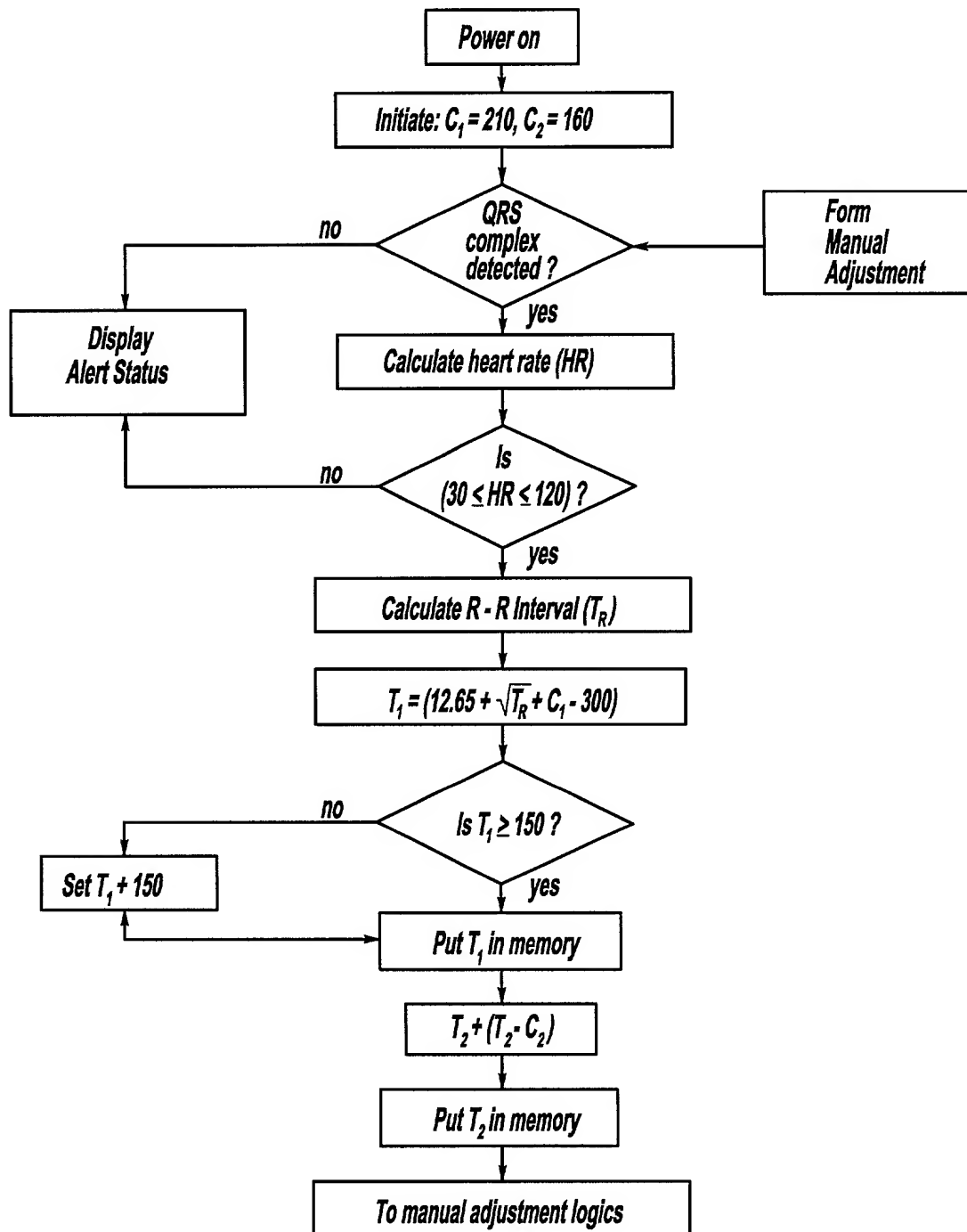


Figure - 28

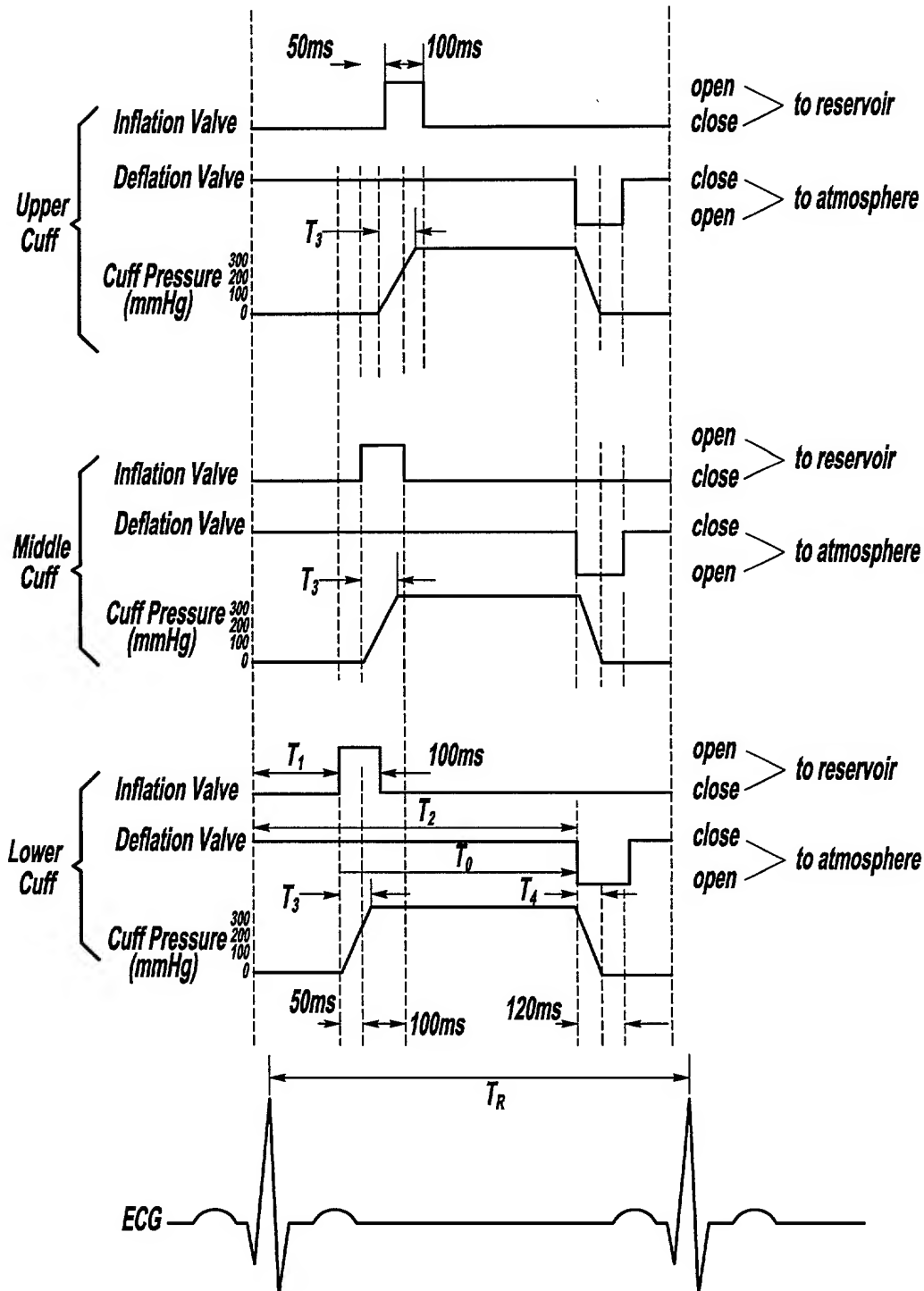


Figure - 29